STANDARD CERTIFICATE OF DEATH  State Pille No. 31 1952  RES. DIST. NO. 33 PRIMARY RICE. DIST. NO. 105 Replained No. 105			THE DIVISION OF H			34222
PLACE OF DEATH   S. COUNTY   BULLET   S. COUNTY   Butlet   S. COUNTY   S. COUNT	1 Lanatoria	hand hand	STANDARD CERT	FICATE OF DEA	TH State File No	O XOOO
a. COUNTY  D. CITY (If outdate corporate limits, write RURAL and give township)  TOWN FISK, MO.  G. FILL, NAME OF (if out in benglad or institution, give views address or location)  HOSPITADON  FISK MO.  G. FILL, NAME OF (if out in benglad or institution, give views address or location)  HOSPITADON  FISK  MO.  G. FILL, NAME OF (if out in benglad or institution, give views address or location)  HOSPITADON  FISK  G. CLIV, If received organize limits, write RURAL and give township)  IN STITUTION  NONE  S. ROUTE  J. CLIRID  J.	PLE OCT	3 1 1952	_ REG. DIST. NO			
TOWN Fisk Mo.  d. Fill NAME OF (if as is heretal or leadinatedos, gire street address or location)  J. NAME OF (if as is heretal or leadinatedos, gire street address or location)  J. NAME OF (if as is heretal or leadinatedos, gire street address or location)  J. NAME OF (if as is heretal or leadinatedos, gire street address or location)  J. NAME OF (if as is heretal or leadinatedos)  J. NAME OF (if as is heretal or leading	a COUNTY	_		I a STATE	h COUNTY _	_ admission).
d. FILL NAME OF affects to be insected or leastboulon, give street address or location. MODES  NOME  STITUTION  NOME  3. NAME OF A (First)	_OR		URAL and give c. LENGTH O STAY (in this place	•)[] OR \	· .	milio) 0120
3. NAME OF DECEASED LOCAL ROBBITS ON RAVED DECEASED LOCAL ROBBITS ON RAVED LOCAL ROBBITS ON	d. FULL NAME OF A	If not in hospital or l	nstitution, give street address or location	d. STREET ADDRESS .	(If rural, give location)	U
5. SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. NOT MICHOWED   7. MARRIED. NOT A UNITED NEVER MARRIED. NOT	3. NAME OF DECEASED		<b>, ,</b>		4. DATE (Month) OF	
Maile   White   Widowed   Doc. 121, 1868   83   11   1			1.7. MARRIED, NEVER MARRIED.	I 8. DATE OF BIRTH	9. AGE (In years) of those	R 1 YEAR OF DROVER AS HES.
HOUSEWISE  3a. FATHER'S NAME  3b. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  16. SOCIAL SECURITY (TV. InFORMANT'S SIGNATURE OR NAME ADBRESS (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  16. SOCIAL SECURITY (TV. InFORMANT'S SIGNATURE OR NAME ADBRESS (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  16. SOCIAL SECURITY (TV. InFORMANT'S SIGNATURE OR NAME ADBRESS (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  16. SOCIAL SECURITY (TV. InFORMANT'S SIGNATURE OR NAME ADBRESS (Two. 30.0 or unknown) (U.Ym., stree was or dates of service)  18. CAUSE OF DEATH  19. DISEASE OR CONDITION  19. MATCHECOMY (Labority or unknown) (U.Ym., street)  19. MATCHECOMY (Labority or unknown) (U.Ym., street)  19. MAJOR FINDINGS OF OPERATION  21. Orditions contributing to the death but and related to the disease or conditions country death.  19. MAJOR FINDINGS OF OPERATION  21. Orditions contributing to the death but and related to the disease or conditions country death.  19. MAJOR FINDINGS OF OPERATION  21. Orditions contributing to the death but and related to the disease or conditions country death.  19. MAJOR FINDINGS OF OPERATION  22. AUTOPSY?  23. AUTOPSY?  24. CITY, TOWN, OR TOWNSHIP)  24. CITY, TOWN, OR TOWNSHIP)  25. PLANE SIGNATURE  26. DATE SIGNATURE  27. AUTOPSY?  28. SUBJECT OF COUN			Widowed ~	Oct.21, 18	368   83   <u>111</u>	1 4 1
13b. MOTHER'S MANDE   13b. MOTHER'S MAIDEN MAKE   14. NAME OF HUSBAND OR WIFE   ADBRESS   15. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADBRESS   18. SOCIAL SECURITY   18. INFORMANT'S SIGNATURE OR NAME   ADBRESS	done during most of worki	ng life, even if retired)	10b. KIND OF BUSINESS OR IN	<b>′</b>		COUNTRY?
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURITY IVEN DO OF UNKNOWN OF THE WAS OF DEATH OF A DEATH OF THE WAS OF O				N NAME		
NO. MYS. BUTTON RAVELLET. PODIAT BLUE.  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not meen the mode of dring, such as heartfallure, asthemia, etc. It means the ducase, fajury, or complication which caused death.  19a. DATE OF OPERA!  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  21d. TIME (Month) (Day) (Year) (Board) 21b. PLACE OF INJURY (s.e., in or about SUICIDE MONTH ON WHILE AT NOT WHILE AT TION REMOVAL (Specific Popular) 22b. ADDRESS AND EAST OF CREMATORY 2d. LOCATION (City, total, or county) (State) 22c. DATE SIGNED AND ATTER CECT BY LOCAL (REGISTRARS SIGNATURE 428-125. FUNERAL DIRECTOR'S SIGNATURE 428-125. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND ADD	IE WAS DESCRISED FUE					
Interval Enveron   Interval En	(Yes, no, or unknown) (II					
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, etreet, office bldg., sea.)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from while of the diseased at the deceased active on 1952 and that death occurred at 2OP., m., from the causes and on the date stated above.  22a. State 1952  22a. State 1952  22b. DATE:  22c. NAME OF CEMETERY OR CREMATORY  BUT 1 al O 29-52  Beal Cem.  25c. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Frank-Cotrell Poplar Bluff, Mo.	Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complica-	ANTECEDENT Condition rige to the above co the underlying can	AUSES s, if any, giving DUE TO ause (a) stating use last.  DUE TO (c)	esturis,	Heart Seriar	OSSET AND DEATH
19a. DATE OF OPERATION  21b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  21d. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK  21d. To 19b. MAJOR FINDINGS OF OPERATION  21d. CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK  21d. To 2 19b. And I last saw the deceased glive on 19b. And that death occurred at 20P. m., from the causes and on the date stated above.  22d. SISTER (Breath CREMA 24b. DATE)  22d. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428-1  ACCIDENT  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)  (STATE)  21d. TIME WORK AT WORK  21d. ACCIDENT  21d. TIME WORK AT WORK  21d. TOWN AND A COUNTY  22d. DATE SIGNED  22d. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (State)  22d. LOCATION (City, town, or county)  (State)  22d. DATE SIGNED  22d. NAME OF CEMETERY OR CREMATORY  BUT 121  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  428-1  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Frank-Cotrell Poplar Bluff, Mo.	tion which caused death.	Conditions contril	buting to the death but not	•		
SUICIDE HOMICIDE    Dotter   D	19a. DATE OF OPERATION	·			443X	
22. I hereby certify that I attended the deceased from alive on 150 and that death occurred at 20P m., from the causes and on the date stated above.  23a. BURIAL. CREMA- IND. DATE:  124c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, ton, or county)  25d. SIGNATURE  25d. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Act. 20 1952  WANT. H. Spinson  151, to 2 6 11, 1952, that I last saw the deceased above.  152 June 152, that I last saw the deceased above.  25d. ADDRESS  25d. ADDRESS  25d. ADDRESS  26d. LOCATION (City, ton, or county)  26d. LOCATION (City, ton, or county)  27d. State)  27d. REGISTRAR'S SIGNATURE  27d. NAME OF CEMETERY OR CREMATORY  27d. LOCATION (City, ton, or county)  27d. LOCATION (City, ton, or county)  27d. State)  27d. Signature  27d. Signature  27d. NAME OF CEMETERY OR CREMATORY  27d. LOCATION (City, ton, or county)  27d. LOCATION (City, ton, or county)  27d. Signature  27d. Signature  27d. NAME OF CEMETERY OR CREMATORY  27d. LOCATION (City, ton, or county)  27d. LOCATION (City, ton, or county)  27d. Signature  27d. Signature  27d. Signature  27d. NAME OF CEMETERY OR CREMATORY  27d. LOCATION (City, ton, or county)  27d. Location (City, ton, or county)  27d. Signature  27d. Signature  27d. Signature  27d. NAME OF CEMETERY OR CREMATORY  27d. LOCATION (City, ton, or county)  27d. Locati	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc		TOWNSHIP) (COUNTY)	(STATE)
alive on 23 and that death occurred at 20P m., from the causes and on the date stated above.    Comparison of the causes and on the date stated above.	21d. TIME (Month) OF INJURY	(Day) (Year)	WHILEAT   NOT WHILE	211. HOW DID INJURY	OCCUR?	
23a. BURTAL, CREMA- TUON, REMOVAL, (Specifix)  DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  (Degree or title)  23b. ADDRESS  BALLORATION (City, to fi, or county)  (State)  24c. NAME OF CEMETERY OR CREMATORY  Beal, Indiangla  DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  428-1  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Prank-Cotrell Poplar Bluff, Mo.	1	I attended		6:20P.m., from th		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428-/25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Act. 20 1952 WM. H. Johnson Frank-Cotrell Poplar Bluff, Mo.		osku			Porla, Bless	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 428-1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Act. 20 1952 WM. H. Johnson Frank-Cotrell Poplar Bluff, Mo.	TION, REMOVAL (Breedt)	0	1	RY OR CREMATORY	1 .	
W V / 10 X + 120 / 10 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	DATE REC'D BY LOCAL	REGISTRAR'S		/   <del></del> -	TOR'S SIGNATURE	ADDRESS
	WCC 20 1952	I Wim.	(Licensed Embalmer's			CULL 9 MU 9

RECEIVED OCT 3 0 1952 BUTLER CO. HEALTH CENTER FILE No. 1052-515

## STATEMENT BY LICENSED EMBALMER

	•
I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No.
-	

working under my personal supervision.

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Pailure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.